

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY
(Includes Reference to PCT International Applications)

ATTORNEY'S
DOCKET NUMBER
P06,0227

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint
inventor (if plural, names are listed below) of the subject matter which is claimed and for which a patent is
sought on the invention entitled:

METHOD AND CONTROL DEVICE FOR DISPLAYING DIAGNOSIS DATA OF A PRINTER OR COPIER

☐ the specification of which (check only one item below):
☐ is attached hereto.

☐ was filed as United States application
Serial No. _____

on _____

and was amended

on _____ (if applicable).

☒ was filed as PCT international application

Number PCT/EP2004/014693

On December 23, 2004

and was amended under PCT Article 19

on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including
the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in
accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for
patent or inventor's certificate or of any PCT international application(s) designating at least one country other
than the United States of America listed below and have also identified below any foreign application(s) for
patent or inventor's certificate or any PCT international application(s) designating at least one country other
than the United States of America filed by me on the same subject matter having a filing date before that of the
application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY (if PCT indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
Germany	103 60 978.4	December 23, 2003	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

Combined Declaration For Patent Application and Power of Attorney (Continued) (Includes Reference to PCT International Applications)				ATTORNEY'S DOCKET NO. P06,0227	
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:					
PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:					
U.S. APPLICATIONS				STATUS (Check one)	
U.S. APPLICATION NUMBER		U.S. FILING DATE		PATENTED	PENDING
PCT APPLICATIONS DESIGNATING THE U.S.					
PCT APPLICATION NO	PCT FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (If any)			
POWER OF ATTORNEY: As a named inventor, I hereby appoint all Attorneys identified by United States Patent & Trademark Office Customer Number 26574 , who are all members of the Firm Schiff Hardin LLP					
Send Correspondence to: <div style="text-align: center; margin-top: 10px;"> SCHIFF HARDIN LLP Patent Department 6600 Sears Tower, Chicago, Illinois 60606-6473 </div>				Direct Telephone Calls to: Brett A. Valiquet (312) 258-5786	
2 0 1	FULL NAME OF INVENTOR	FAMILY NAME BRAUN	FIRST GIVEN NAME Peter	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY Mühldorf	STATE OR FOREIGN COUNTRY Germany	COUNTRY OF CITIZENSHIP Germany	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Röntgenstraße 5	CITY D-84453 Mühldorf	STATE & ZIP CODE/COUNTRY Germany	
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY	
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.					
SIGNATURE OF INVENTOR 201		SIGNATURE OF INVENTOR 202		SIGNATURE OF INVENTOR 203	
DATE		DATE		DATE 18.7.2006	